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ABSTRACT

A study was conducted to address the communication concerns of health care professionals. To identify the communication activities and problems of health care communication situations, the Communication Activity Questionnaire (CAQ) was administered to the personnel of 18 human service agencies involved with care of the physically and mentally ill or with health education. The questionnaire is designed to elicit information concerning the communication activities most important and problematic in fulfilling the respondents' job requirements. The 138 practitioners who returned questionnaires identified the following skills as important in their jobs: relationship building, listening, routine information exchange, motivating, and oral reporting. Giving and soliciting feedback also emerged as important skills for employees in health care facilities. Although the CAQ does not measure writing skills and problems, the results of the study suggested that poor writing skills might also be the source of some of the more serious problems perceived by health care employees. (HTH)

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An Identification of Communication Skills and Problems Found in Health Care Organizations

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An Identification of Communication Skills and Problems Found in Health Care Organizations

Luthans indicates that the current and future emphasis on career planning and development will require continuous individual assessment, counseling, and training to insure the compatibility of skills, paths, and goals.[1] In addition, recent literature in the social sciences has placed greater emphasis on the environmental contingencies as determinants of appropriate skill enactments.[2] However, we are yet to determine with any degree of specificity the situations or contingencies which mandate the use of particular skills. The responsible educator entering the 1980's cannot afford to ignore the pleas from employers to teach the practical and applied skills needed in the world of work. While the 70's saw many improvements in our educational product as we tried to cope with the ever present accountability issues, much work still remains to be done.

In an effort to reduce the gap between the skills taught in communication classes and those necessary for survival in the "real world," communication scholars during the 70's investigated the communication competencies expected of college graduates. Di Salvo reviewed and summarized the results of twenty-five studies conducted during the 1970's and identified the following seven skills most frequently identified: listening, writing, oral reporting, motivating/persuading, relationship-building, informational interviewing, and problem-solving in small groups.[3] While the results of such research have been most helpful to educators in providing career options as well as pragmatic experiences for skill development in various courses such as business and professional communication, there is considerable evidence to indicate that a career in one organizational setting may

require the mastery of a set of skills different than what would be required in a different career in another organization. It stands to reason that personnel in business and industry may require a different set of communication competencies than those in the helping professions such as health care or human services. The evidence to date suggests that we know more about the communication skills and problems associated with business organization than about other organizations, like health care organizations.

Cassata argues that the needs for communication research identified by the Surgeon General in 1963 are still relevant nearly twenty years later.[4] In addition, the helping professions have claimed that their particular needs have been ignored by communication scholars for some time.[5] The point appears valid when one examines the studies included in Di Salvo's review; only two dealt exclusively with health care agencies and only two others included such agencies in their samples.[6] Hill asserts that at present we simply have not identified the specific communication needs of health professionals in terms of their relationships to each other,[7] while Dervin, et al. concluded that patients and clients see the health situation as one which contains worry "with a concern for understanding what's wrong and/or relieving that worry."[8] It seems clear that health care professionals are concerned that: (1) the communication needs of the practitioner in the health field have been largely ignored by researchers; (2) appropriate communication skills in various organizational relationships have not been identified; and (3) in order to deal with the "worry" patients associate with the health situation, appropriate communication competencies need to be identified. This paper is the first step in an effort to address these concerns.

The purpose of this paper is to develop an understanding of the communication skills, problems and contexts encountered by health care practitioners. Hopefully, the results of this study will help achieve a better understanding of the unique communication competencies required of people in health care professions and provide educators with a framework for developing courses and/or evaluating current training programs for individuals in the health field. Additionally, the results will be compared with those of previous studies which drew their samples from the more popular business community in an effort to begin the task of developing communication skill contingencies. Hopefully this line of research may suggest to us that certain organizations, certain careers, with regard to certain organizational contexts require the enactment of certain communication skills for job success and the appropriate skills will vary depending on the mix between organization, career, and context.

METHODS

To identify the communication activities and problems which characterize a health care communication context, the CAQ (Communication Activity Questionnaire) was used. The CAQ is a third generation instrument modified from earlier studies.[9] It is based on a literature review of twenty-five studies focusing on communication skills and problems in organizations,[10] as well as the job-analysis work of McCormick.[11] Additional information regarding the nature of the CAQ is available elsewhere[12] or by contacting the first author.

Data collection was initiated by randomly selecting eighteen human service agencies intimately involved with the prevention, diagnosis, treatment, and rehabilitation of the physically and mentally ill and those

concerned with health education. The directors of each agency were contacted first by letter asking for their cooperation in the study. The letter outlined the purposes of the study, procedures for collecting the data, a description of the CAQ, and the potential benefits of participation. Subsequent to the initial contact, the twelve directors responding affirmatively to the request were contacted by phone to determine the number of professional personnel (those whose positions required post-secondary education) who would be responding to the CAQ. Copies of the questionnaire were then mailed or delivered to the agencies so as to arrive on a dap specified by the directors. One week after delivery each agency was contacted again and requested that respondents be reminded to return the questionnaires in the prepaid return envelopes provided with each instrument.

The CAQ is composed of five questions designed to elicit information concerning the communication activities most important and problematic in fulfilling the respondents job requirements. Question one asked respondents to rate each of seventeen communication activities in terms of its importance to the job they are performing with regard to superiors, subordinates and/or clients. Importance to this job was rated on a scale from zero to five as follows: (0) does not apply; (1) very minor; (2) low; (3) average; (4) high; and (5) extremely high. Communication activities were determined to be important to the completion of the job if their mean rating was 3.5 or higher. Question two asked individuals to select from the seventeen communication activities identified in question one the six most important activities in achieving job success. After ranking the six most important communication activities, they were asked to go back and indicate which communication skills or activities cause them the most problems on the job.

Question three dealt with the amount of time the individual spends with others. They were asked to estimate the percentage of time spent working (a) alone, without contact with others; (b) in dyads; (c) in clusters of three to four members; (d) in small groups of five to fifteen persons; and (e) in large groups consisting of more than fifteen persons. In question four, respondents were asked to identify the rate at which a list of twenty-three problems occurred in their respective jobs. The rating scale used ranged from zero to five (does not apply, nominal, occasional, moderate, considerable, and very substantial). The final question asked individuals to list and/or describe the communication skills, theories, etc. in which communication training would be desirable or profitable.

Demographic information collected included such things as job title and description, years in the position, educational experience, size of organization and department, sex, age, and communication training provided by employer. An optional section of the questionnaire provided an opportunity to describe an incident of ineffective communication experienced or observed by the respondent. The coded responses were subjected to a computer-assisted analysis using the Statistical Package for the Social Sciences, subprogram Frequencies. The following results were obtained.

RESULTS

One hundred and thirty-eight questionnaires were returned and considered for final analysis. Of the 229 CAQ's distributed, 143 were returned, five were discarded, for a return rate of 60%. The results reported in Table 1 show that the overall average rating of the communication skills in question one ranges from 2.69 to 4.14. Of the seventeen

skills listed, only six met our criterion of 3.5 for establishing a skill's importance: Relationship-Building (4.14), Listening (4.07), Giving Feedback (3.96), Soliciting Feedback (3.85), Routine Information Exchange (3.77), and Motivating (3.58). When looking at specific communication directions (with superiors or subordinates[14]), the first four were perceived as being important for the workers' communication attempts in both directions, but an additional six skills met our standard for importance where communication with subordinates is necessary: Advising (4.13), Instructing (3.89), Interviewing (3.85), Giving Orders (3.82), Persuading (3.74), and Conflict Resolution (3.53).

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Place Table 1 About Here

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In addition to the overall analysis, the data were also analyzed according to three job clusters which exist in human service agencies so that we could more clearly elaborate the skills important in a variety of contexts. The three clusters identified were administrative personnel,[15] counselors,[16] and nurses.[17]

Administrative or supervisory personnel perceived that eight of the seventeen skills (see column 3) are important to their job success: Motivating, Relationship-Building, Routine Information Exchange, Listening, Giving Feedback, Soliciting Feedback, Giving Orders, and Oral Reporting. Of these, the first six are perceived as being most important for sending messages both up (see column 1) and down (see column 2) the organizational hierarchy, with Oral Reporting emerging as an important skill primarily when communicating with one's superiors. Giving orders appears to be

important in communicating with subordinates along with Advising and Conflict Resolution.

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Place Table 2 About Here

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Table 3 is a summary of the data generated by counselors in the service agencies. An examination of the average ratings (see column 3) indicates that seven skills met our criterion for determining importance: Relationship-Building, Giving Feedback, Listening, Soliciting feedback, Motivating, Advising, and Routine Information Exchange. Only three of these met the criterion when communication with superiors (see column 1) was considered apart from the overall averages; listening drops off of the list of the top four above. In contrast, twelve of the seventeen communication skills listed in question one of the CAQ are perceived as important for counselors in their relationships with clients (see column 2). In the interest of parsimony, the five skills which do not meet the a priori standard of 3.5 are listed here: Public Speaking, Oral Reporting, Giving Orders, Small Group Participation, and Small Group Leadership.

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Place Table 3 About Here

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The results of our analysis of nurses' perceptions were similar to those of counselors. Table 4 reports mean values of the fifteen nurses responding via the CAQ. Five skills emerge as important in the overall averages (see column 3): Listening, Relationship-Building, Giving Feedback, Interviewing, and Soliciting Feedback. Three of the four deemed to be important in their contacts with superiors (see column 1) correspond to the

second, third, and fourth items in the preceding list with Public Speaking emerging as the fourth. In their associations with clients (see column 2), nurses report that the following are least important: Public Speaking, Giving Orders, Conflict Resolution, Negotiating, Small Group Leadership, Small Group Participation, and Oral Reporting.

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Place Table 4 About Here

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The second question on the CAQ asked respondents to choose, from the list of seventeen skills in question one, the six which are most important to their job success. They were then to rank order those chosen. The weighted scores[17] for each skill are summarized and ranked in Table 5. With regard to all of the responses (see column 1), the following communication activities were rated most important to job success: Listening, Motivating, Instructing, Relationship-Building, Advising, and Giving Feedback. The following skills were identified as giving them the most problems: Motivating, Conflict Resolution, Soliciting Feedback, Giving Orders, and Persuading. The data also suggests that only two skills are consistently ranked at the top of the list by all three groups in this sample (see column 1): Listening and Motivating. Although administrators place these in the top five, they perceive Relationship-Building, Advising, and Instructing (see column 2) to be more important. For individuals in counseling, Listening and Motivating occupy the top two positions followed by Interviewing, Giving Feedback, and Relationship-Building (see column 3). The communication skills most important for nursing positions are Listening, Instructing, Interviewing, Motivating, Advising, and Giving Feedback.

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Place Table 5 About Here

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The CAQ also asked respondents to estimate the percentage of time they spend working (a) as individuals, (b) in dyads, (c) in clusters of 3-4 people, (d) in groups of 5-15 people, or (e) in large groups of more than 15 persons. Figure 1 graphically illustrates that the groups surveyed spend considerably more time working in dyads than in any of the other contexts. Overall, those employed in the human service agencies perceive that about 37% of their time is spent in dyads. About 30% is spent working independently. Group situations appear to sum to about the same amount of time spent in dyads. Overall estimates of time spent in clusters is about 17%; small groups is estimated to be about 15%, while large group contexts are 5%. Each of the career orientations can be identified in Figure 1 in terms of the amount of time they spend in different communication contexts. Each career orientation has a similar pattern, rating working in dyads as the most freuqent, followed by working alone and then in clusters.

Question four on the CAQ asks respondents to focus their attention on a list of twenty-three communication problems and to rate them in terms of how often they occur. The overall averages (see column 1) range from 1.66 to 2.82; thus, none of the problems listed met the standard of 3.5 to be considered a recurring problem that affects job performance. However, when they were asked to go back and circle the most serious problems, regardless of rate of occurrence, the following problems were identified by at least 20% of the respondents: (1) fail to receive needed information; (2) motivating; (3) not enough face-to-face communication; (4) serious misunderstanding between people; (5) fail to receive information on time;

(6) surprised by sudden unexpected events; (7) difficult to get answers from superiors; and (8) lost or distorted messages. When the data are analyzed for each of our career orientations or job clusters, the same patterns hold for administrators and counselors--no problems reaching the 3.5 rate of occurrence. However, for nurses, three problems were identified: spinning of wheels in meetings; difficult to get answers from superiors; and needless or poorly planned meetings.

The final question was an open-ended request for the respondent to list or describe those communication skills, theories, or techniques in which training would be desirable. The responses covered a broad range of topics but some were consistently mentioned. The communication skills most often listed by all three groups indicate a desire for skill development in the area of interpersonal relations. Managers seemed most interested in the skills of interpersonal influence and listed such things as motivating, persuading, giving feedback, and resolving conflicts or disputes. Counselors and nurses were primarily concerned for training in how to motivate clients to keep appointments, follow suggestions, and to change behavior and how to avoid and manage client misunderstandings. These two groups also expressed interest in techniques for managing stress situations. Examples of such requests are handling anger, negotiating, stress management training, dealing with a crisis, and counseling during crisis situations. Counselors were the only people who desired training in small group communication and small group leadership. Nurses were the only group to request public speaking or oral reporting skills training.

DISCUSSION

As indicated earlier, responsible educators cannot ignore the needs of employers in developing curricula and instructional strategies which facilitate learning appropriate skills. The purpose of this research has been to elucidate the communication skills needed and problems encountered in health care organizations. Of the seven skills DiSalvo identified as most frequently mentioned in 1970s research, four comparable skills were identified as important in the overall analysis in this study: relationship building, listening, routine information exchange, and motivating. Additionally, giving and soliciting feedback emerged as important skills for employees in health care facilities (see Table 1).

Three of those listed in the DiSalvo review did not meet our criteria for being considered important: writing, oral reporting, and group problem solving. Writing is not one of the communication activities measured with the CAQ. It was designed primarily to assess oral communication skills and problems. Although we cannot be sure, the results of the current study suggest that writing may be a source of some of the more serious problems perceived by health care employees. For example, participants indicated that failure to receive needed information and to receive it on time, the absence of face-to-face communication, and lost or distorted messages are among the most serious problems they encounter. Perhaps these problems are the result of deficiencies in writing skills.

Although oral reporting did not emerge in the overall analysis as an important skill, it was perceived as important in different contexts by two of the groups represented in our sample. Administrators perceived it to be important in communicating with superiors while nurses requested training in public speaking and oral reporting. It is interesting to note that these skills were among the few which failed to meet our criteria for establishing importance in the analysis of nurses responses,

yet in the open-ended portion of the CAQ nurses asked for skill training in the area. The apparent inconsistency may be explained by the nature of our sample. Several of the nurses in the study were employees of a public health service who are asked periodically to present information to civic groups. Although these skills are not perceived as most important for job success (Table 5), they are occasionally important in particular contexts.

The final skill which DiSalvo claimed was important in 1970s research but failed to emerge in this research is small group problem solving. However, nurses indicated that two of the most frequently encountered problems were spinning wheels in meetings and needless or poorly planned meetings. Perhaps the instances in which these occur cannot be considered as problem-solving sessions but they do indicate a need for skill training in effective and efficient meeting management. Counselors also requested training in small group leadership. As with the nurse's need for oral reporting skills, perhaps the counselor's need for small group leadership skills is infrequent but necessary at times.

This study seems to confirm much of the research of others in the 1970s but identifies additional skills which are both important (Table 1) and problematic (Table 5): giving and soliciting feedback. Our data suggest that these skills are perceived as important for dealing with people in all contexts by each of the three groups represented in our sample. They also indicate that soliciting feedback is one of the most problematic. What is striking, but hardly surprising, about these results is the absence of skills perceived as important in public speaking, oral reporting, or other group contexts. Note that when one sums the amount of time spent in clusters, small groups, and large groups, the result is equal to the amount of time spent in dyads (Table 6). The implications for future research and for curriculum planning are

many, so we now turn our attention to a few of the questions raised and suggest possible answers.

IMPLICATIONS

First, a perusal of the results seems to indicate that skill requirements differ depending upon the environmental and/or contextual contingencies. When the overall results are broken down and analyzed according to the job performed, direction of the message, and the contexts in which messages are exchanged, different skills and problems emerge as important. The current study investigated the communication demands of a relatively small sample of employees in health care agencies. Whether the importance of the skills identified herein is consistent across other organizations (e.g. hospitals) or health professionals (e.g. doctors) remains to be investigated. There is good evidence to suggest that some skills, like listening, motivating, and relationship building, are universally important in organizational contexts. Others, however, such as giving and soliciting feedgack may be much more important in some professions than in others. Continued efforts to identify these differences are needed.

The CAQ appears to measure not only the perceived importance of skills and problems in general but allows researchers to identify specific contexts for such measurement. Results of previous research with the instrument indicates its efficacy in measuring the skill needs and problems in the business and technical fields (i.e. finance, personnel, and engineering). They also suggest that as contexts for communication change, so do the skills required for effective functioning. As indicated above, the same is true for members of health care organizations. Thus, two conclusions seem appropriate. First, the CAQ, after three generations of tests and refinement, seems more efficient and sensitive than other

instruments and methods for measuring perceived skill requirements. Its continued use in research should help identify needs in a variety of organizations and professions. Second, while there may be universally important skills, packaged training programs designed for general applicability are likely to have only minimal effectiveness.

Organizations which undertake training programs to improve the communication function cannot rely on intuitive notions of the skills training needed. Prepackaged programs implemented without a complete needs assessment may have dysfunctional effects. This study and others reveal that such assessment must identify not only the general skill requirements and problems, but should specify those which employees encounter in their relationships with superiors, subordinates, and clients; in groups, dyads, and the organization as a whole.
In classroom instruction and curriculum development, communication educators should be cognizant of the differential needs and problems of the various situations. Even in multi-sectioned service courses to which several departments send their majors, instructors need to adapt their instructional strategies to meet student needs. The data reported here suggest that health professionals are very conscious of the skill requirements in the various contexts, but the number of skills indicated as important for communicating effectively with clients is double the number listed in other contexts. Such concern requires that courses designed to develop skills be adaptable to meet the needs of the consumers.

The absence of public speaking and oral reporting in the lists of skills considered important suggests that instructors should abandon efforts to develop exclusively formal speaking skills in service courses. Health professionals are much more concerned with listening, motivating, relationship building, and giving feedback; they experience problems with motivating, resolving conflict, and soliciting feedback. We cannot afford to ignore these concerns.

FOOTNOTES

1. Fred Luthans, Organizational Behavior (Third Edition), New York: McGraw Hill, 1981, pp. 640-659.

2. See: F.E. Fiedler and M.M. Chemers, Leadership and Effective Management, Glenview, Ill.: Scott, Foresman, 1974; and Alan S. Bellack and Michel Herson, Eds., Research and Practice in Social Skills Training, New York: Plenum Press, 1979.

3. Vincent Di Salvo, "A Summary of Current Research Identifying Communication Skills in Various Organizational Contexts," Communication Education (Spring, 1980), pp. 243-290.

4. Donald M. Cassata, "Health Communication Theory and Research: A Definitional Overview." In Communication Yearbook 4, Dan Nimmo, Ed., New Brunswick, New Jersey: International Communication Association/ Transaction Books, 1980, pp. 583-590.

5. Cassata, 1980.

6. Di Salvo, 1980.

7. Susan K. Hill, "Health Communication: Focus on Interprofessional Communication," Association for Communication Administration Bulletin, Vol. 25, 1978, pp. 31-36.

8. Brenda Dervin, Sylvia Harlock, Rita Atwood, and Carol Garzona, "The Human Side of Communication: An Exploration in a Health Communication Context." In Communication Yearbook 4, Dan Nimmo, Ed., New Brunswick, New Jersey: International Communication Association/Transaction Books, 1980, pp. 591-608.

9. The CAQ originated with Vincent Di Salvo, D. Larsen, and W.J. Seiler, "Communication Skills Needed by Persons in Business Organizations," Communication Education, 25 (November, 1976), pp. 296-275

10. Vincent Di Salvo, 1980.

11. E.J. McCormick, P.J. Jeanneret, R.C. Mecham, "A Study of Job Characteristics and Job Dimensions as Based on the P.A.Q.," Journal of Applied Psychology, 56 (1972), pp. 347-368.

12. See Vincent S. Di Salvo and James R. Steere, "An Identification of Communication Skills and Problems Found in Organization Related Careers," Paper presented at the Speech Communication Association Convention, New York, November, 1980. Write Vincent S. Di Salvo, Dept. of Speech Communication, 432 Oldfather, University of Nebraska-Lincoln, Lincoln, NE 68588.

13. The column labeled Subordinates also includes the responses of those whose communication activity is primarily with clients as well as those who must communicate with subordinates in the traditional sense of the term.

14. Administrative personnel are those who supervise the activities of others and have such job titles as agency director, shift supervisor, or personnel director.

15. Counselors are those individuals whose primary contacts are with clients rather than subordinates. They have job titles such as psychologist, rehabilitation counselor.

16. Nurses are RNs or LPNs whose contacts are with patients in a health care facility.

17. Weighted scores were derived through a three-step process. First, individual rankings were reverse-scored for computer processing (i.e. a rank of 1 = 6, 2 = 5, 3 = 4, etc.). Second, the reversed score was multiplied by the absolute frequency of persons assigning a given rank to the skill. Finally, the products were summed. For example, the skill x has 10 people assign to it the rank of 1; 5 people, the rank of 2; 6 give it a rank of 3; no one ranks it 4th; 10 rank it 5; and 15 give it a rank of 6. 10 x 6 = 60; 5 x 5 =25; 6 x 4 = 24; 10 x 2 = 20; and 15 x 1 = 15. 60 + 25 + 24 + 0 + 20 + 15 = 144. The weighted score for skill x is 144.

TABLE 1

IMPORTANCE OF TYPE OF COMMUNICATION SKILL BY DIRECTION*

Type of Communication	Direction of Communication		
	Superiors	Coworkers/Clients	Average
1. Advising	2.66	4.13	3.39
2. Persuading	2.86	3.74	3.30
3. Instructing	2.33	3.89	3.11
4. Interviewing	2.82	3.85	3.33
5. Routine Information Exchange	3.49	4.06	3.77
6. Public Speaking	2.85	2.53	2.69
7. Oral Report-Giving	2.90	3.13	3.01
8. Negotiating	2.86	3.35	3.10
9. Giving Orders	2.93	3.82	3.15
10. Small Groups	2.96	3.24	3.10
11. Small Group Leadership	2.75	3.31	3.03
12. Conflict Resolution	2.73	3.53	3.13
13. Relationship-Building	3.83	4.46	4.14
14. Listening	3.72	4.43	4.07
15. Giving Feedback	3.59	4.34	3.96
16. Soliciting Feedback	3.58	4.12	3.85
17. Motivating	2.88	4.29	3.58

*Note: All responses are based on an N of 138.

TABLE 2

IMPORTANCE OF TYPE OF COMMUNICATION SKILL FOR PERSONNEL-ORIENTED POSITIONS*

Type of Communication	Direction of Communication		
	Superior	Subordinate	Average
1. Advising	3.00	3.83	3.41
2. Persuading	2.97	3.40	3.18
3. Instructing	2.97	3.47	3.22
4. Interviewing	2.83	3.05	2.94
5. Routine Information Exchange	3.91	3.74	3.82
6. Public Speaking	2.86	2.66	2.76
7. Oral Report-Giving	3.63	3.37	3.50
8. Negotiating	3.24	3.32	3.28
9. Giving Orders	3.31	3.81	3.56
10. Small Groups	3.28	3.37	3.33
11. Small Group Leadership	3.17	3.13	3.15
12. Conflict Resolution	3.00	3.52	3.26
13. Relationship-Building	3.94	4.02	3.98
14. Listening	3.89	3.71	3.80
15. Giving Feedback	3.63	3.85	3.74
16. Soliciting Feedback	3.65	3.78	3.72
17. Motivating	3.59	4.50	4.04

*Note: All responses are based on an N of 48.

TABLE 3

IMPORTANCE OF TYPE OF COMMUNICATION SKILL FOR COUNSELOR-OREINTED POSITIONS*

Type of Communication	Direction of Communication		
	Superiors	Clients	Average
1. Advising	2.50	4.72	3.61
2. Persuading	2.83	3.76	3.29
3. Instructing	1.85	3.76	2.80
4. Interviewing	2.60	4.26	3.43
5. Routine Information Exchange	3.28	3.83	3.55
6. Public Speaking	2.60	1.37	1.98
7. Oral Report-Giving	1.81	2.00	1.95
8. Negotiating	2.66	3.73	3.19
9. Giving Orders	3.40	2.47	2.93
10. Small Groups	2.00	2.94	2.47
11. Small Group Leadership	2.20	3.05	2.62
12. Conflict Resolution	2.28	3.58	2.93
13. Relationship-Building	4.00	4.68	4.34
14. Listening	3.42	4.75	4.08
15. Giving Feedback	3.64	4.66	4.15
16. Soliciting Feedback	3.57	4.45	4.01
17. Motivating	2.87	4.83	3.85

*Note: All responses are based on an N of 25.

TABLE 4

IMPORTANCE OF TYPE OF COMMUNICATION SKILL FOR NURSING POSITIONS*

Type of Communication	Direction of Communication		
	Superiors	Clients	Average
1. Advising	2.28	4.33	3.30
2. Persuading	2.83	4.00	3.41
3. Instructing	2.42	4.53	3.47
4. Interviewing	3.66	4.14	3.90
5. Routine Information Exchange	3.08	3.66	3.37
6. Public Speaking	3.66	2.40	3.03
7. Oral Report-Giving	2.55	3.00	2.77
8. Negotiating	2.27	2.64	2.45
9. Giving Orders	3.25	2.55	2.90
10. Small Groups	2.87	2.81	2.84
11. Small Group Leadership	3.00	2.72	2.86
12. Conflict Resolution	2.60	2.57	2.58
13. Relationship-Building	3.75	4.13	3.94
14. Listening	3.41	4.60	4.00
15. Giving Feedback	3.50	4.33	3.91
16. Soliciting Feedback	3.33	4.00	3.66
17. Motivating	2.83	3.86	3.34

*Note: All responses are based on an N of 15.

TABLE 5

WEIGHTED SCORES AND RANKINGS OF COMMUNICATION SKILLS
JUDGED IMPORTANT TO JOB SUCCESS

Skill	Job Type			
	Overall	Personnel	Counseling	Nursing
1. Advising	217 (5)	117 (2)	41	28 (5)
2. Persuading*	105	73	3	6
3. Instructing	300 (3)	114 (3)	42	38 (2)
4. Interviewing	162	13	63 (3)	31 (3)
5. Routine Information Exchange	152	82	21	0
6. Public Speaking	23	17	0	9
7. Oral Report-Giving	25	58	0	0
8. Negotiating	51	5	5	0
9. Giving Orders*	72	52	5	0
10. Small Groups	45	35	2	0
11. Small Group Leadership	72	39	17	0
12. Conflict Resolution*	127	84	9	0
13. Relationship-Building	275 (4)	130 (1)	52 (5)	22
14. Listening	403 (1)	102 (5)	98 (1)	72 (1)
15. Giving Feedback	197 (6)	79	54 (4)	28 (5)
16. Soliciting Feedback*	124	53	32	22
17. Motivating*	332 (2)	112 (4)	80 (2)	29 (4)

*Note: These are the communication skills that were identified as giving them the most problems on the job.

TABLE 6

OCCURRENCE RATE OF COMMUNICATION PROBLEMS AND MOST SERIOUS PROBLEMS THAT AFFECT JOB PERFORMANCE

Communication Problem	Job Type			
	Overall	Personnel	Counseling	Nursing
1. Fail to receive needed information	2.34	2.33	2.67	2.29
2. Fail to receive information on time	2.28	2.21	2.37	2.36
3. Not enough face-to-face communication	2.25	2.30	2.20	2.50
4. Serious misunderstandings between people	2.04	2.42	1.36	2.00
5. Surprised by sudden unexpected events	2.38	2.35	2.09	2.64
6. Spinning of wheels in meetings	2.82	2.60	2.55	4.07
7. Needless or poorly planned meetings	2.50	2.28	2.36	3.64
8. Difficult to get answers from superiors	2.29	2.22	1.90	3.79
9. Difficult for bosses to get feedback from subordinates	1.91	2.04	1.92	2.10
10. Receive too much information	1.76	1.73	2.09	1.93
11. Backstabbing going on between employees	2.26	2.17	2.00	2.86
12. Occurrences of employee sabotage	1.66	1.60	1.67	2.42
13. Little respect for differing opinions	2.05	2.08	1.95	2.53
14. Listening actively	2.49	2.45	2.00	2.64
15. Making group decisions	2.43	2.58	2.09	2.64
16. Delegating authority	2.33	2.24	2.35	2.20
17. Communicating decisions	2.52	2.68	2.33	2.33
18. Reluctance to utilize information on hand	1.68	1.82	1.38	1.53
19. Lost or distorted message	2.24	2.30	1.83	2.53
20. Giving clear, effective instructions	2.26	2.13	2.52	2.00
21. Accepting responsibility for problems	2.16	2.25	2.04	2.00
22. Persuading	2.23	2.35	2.22	2.23
23. Motivating	2.67	2.91	2.79	2.45

FIGURE 1

PERCENT OF TIME SPENT IN DIFFERENT COMMUNICATION CONTEXTS